

Check A Box
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031702

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5		3		1		
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TOTAL IND.		4		4		4
TOTAL DEP.		11		11		11
TOTAL CLAIMS		15		15		15

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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